MENI AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

plication or Docket Number

09766271

CLAIMS AS FILED - PAHT I							SM	SMALL ENTITY			OTHER THAN		
Ę	OTAL CLAIMS		(Column 1)		(Column 2)		TY	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			.32		San		F	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		17_		,	(\$ 9=		OR	X\$18=	216.00	
IN	DEPENDENT C	LAIMS	7_ minus 3 =				7	<40=		OR	X80=	V 1 -	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT	•				135=		OR	+270=		
• 11	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2		OTAL		OR	TOTAL	926.0	
	C	E PA PMIA IS	MENDED - PART II				·			10			
		(Column 1)	45 75 17			(Column 3)	S	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 32	Minus	• 3	2	- \varTheta	X	\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	•••		- -	7	40=		OR	X80=		
_	FINST PHESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM	لللا	+	135=		OR	+270=		
							<u> </u>	TOTAL		OR	TOTAL	-2	
		(Column 1)		(Colu	mn 21	(Column 3)	ADU	IT. FEE			ADDIT. FEE		
	TAMES A	CLAIMS		HIGH	EST	(Ooldmin 3)			ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••		=	×	\$ 9=		OR	X\$18=	·	
	Independent	NTATION OF M	Minus	***	CI AISA	-	X	40=		OR	X80=		
	FINOI FINESE	-		CHDCHI	CLAIM		+1	35=		OR	+270=		
								TOTAL T. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	DUSLY	PRESENT	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X	9=		OR	X\$18=	<i>;</i> ·	
	Independent	•	Minus	***		=	X	10=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								35= OTAL		OR	+270=		
** ["If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT: FEE		
		mber Previously Pa aber Previously Pai						r. FEE L the appi	ropriate box	in colu	ımn 1.		